



# GOOD MANUFACTURING PRACTICES INSPECTION

for  
Non-MFA Medicated Feed Establishments

Washington State Department of Agriculture  
Pesticide Management Division  
Feed and Fertilizer Program  
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NAME		TITLE	PHONE NUMBER ( )
FIRM NAME		PHONE NUMBER ( )	
FIRM ADDRESS			
CITY		STATE	ZIP
SIGNATURE OF INSPECTOR #1		TITLE OF INSPECTOR #1	DATE OF INSPECTION
SIGNATURE OF INSPECTOR #2		TITLE OF INSPECTOR #2	HOUR OF INSPECTION

### NOTICE OF INSPECTION IS HEREBY GIVEN PURSUANT TO RCW 15.53.9024(1)

RCW 15.53.9024 INSPECTIONS — VERIFICATION OF RECORDS AND PROCEDURES — OFFICIAL SAMPLES — WARRANTS AUTHORIZED. (1) For the purpose of enforcement of this chapter, and in order to determine whether its provisions have been complied with, including whether an operation is subject to such provisions, inspectors duly designated by the director, upon presenting appropriate credentials, and a written notice to the owner, operator, or agent in charge, are authorized (a) to enter, during normal business hours, a factory, warehouse, or establishment within the state in which commercial feeds are manufactured, processed, packed, or held for distribution, or to enter a vehicle being used to transport or hold such feeds; and (b) to inspect at reasonable times and within reasonable limits and in a reasonable manner, such factory, warehouse, establishment, or vehicle and all pertinent equipment, finished and unfinished materials, containers, and labeling. The inspection may include the verification of only such records, and production and control food manufacturing practice regulations established under RCW 15.53.902(9) and rules adopted under good manufacturing practices for feeds to include nonmedicated feeds.

If "NO" is checked for any of the following items, explain in comments section.

(Use additional pages if needed)

YES NO

#### BUILDINGS AND GROUNDS

- 1. Is there an appropriate amount of space for equipment, feed processing and orderly receipt and storage of medicated feed?
- 2. Is there access for routine maintenance and cleaning of equipment?
- 3. Is the facility constructed and maintained in a manner to minimize vermin and pest infestation?
- 4. Is proper housekeeping evident in the mill? Clear of sweepings, broken bags, or accumulated dust that may contaminate the feed?

#### EQUIPMENT

- 1. Is the equipment capable of producing medicated feed of intended potency, safety, and purity?
- 2. Is the equipment designed, constructed, installed and maintained to facilitate inspection and use of cleanout procedures?
- 3. Is the equipment maintained in a reasonably clean and orderly manner?
- 4. Are the scales and liquid metering devices of suitable size, design, construction, precision and accuracy for their intended purposes?

#### WORK AND STORAGE AREAS

- 1. Is the work area and equipment for the production or storage of medicated foods or components not used for manufacturing or storing of fertilizers, herbicides, insecticides, fungicides, rodenticides and other pesticides unless such articles are approved for use in the manufacture of animal feeds?
- 2. Are the work areas and equipment used for the production or storage of medicated feeds or components physically separated from work areas and equipment used for the manufacture of animal feeds?

#### COMPONENTS

- 1. Does the firm use only drug products not requiring an approved FDA license or NADA?
- 2. Are the control procedures for receipt, identification, storage and use of drug products exempt from the requirements of an approved MFA established and maintained to assure the identity, strength, and purity of each drug?
- 3. Are drug products used only in accordance with labeled directions or approved use by regulation?
- 4. Are Type A and Type B packaged drug products in the storage areas stored in original closed containers or suitable containers accurately identified?
- 5. Are bulk drug products identified and stored in a manner to maintain their identity, strength, quality and purity?

#### ASSAYS

- 1. Where assays\* indicate medicated feed is not in accord with permissible limits, does the firm conduct an investigation and is corrective action implemented and are records of such maintained on the premises for a period of one year? *\*(There are no assays required for non-1900 medicated feeds.)*

YES NO

**EQUIPMENT CLEAN OUT PROCEDURES**

- 1. Are adequate clean out procedures established and used for all equipment used in the production and distribution of medicated feeds to avoid unsafe contamination of medicated and non-medicated feeds?
- 2. Does the company use flushing?
- 2. Does the company use sequencing?

**LABELING**

- 1. Are labels and labeling received, handled and stored in a manner which prevents label mix-ups and assures that the correct labels and labeling are used for the medicated feed?
- 2. Are all deliveries of medicated feed, whether bagged or bulk, adequately labeled to assure that the feed can be safely and effectively used?
- 3. Are outdated and obsolete labels disposed of?

**RECORDS**

- 1. Are records showing the formulation, date of mixing and distribution of each medicated feed maintained for one year after the last date of shipment?
- 2. Are records adequate to facilitate the recall of specific batches of medicated feed that have been produced and distributed by the firm?

*For any "YES" answers below, please provide a brief explanation of any perceived evidence as determined by either record review or actual inspectional observations, any of the following situations or conditions. (Attach additional pages if needed)*

YES NO

- 1. Are there sales of prescription animal drugs not sold on the order of a licensed veterinarian?
- 2. Does the facility manufacture medicated feeds without required approvals?
- 3. Does the facility manufacture any unapproved medicated feed combinations?
- 4. Are medicated feeds manufactured from unapproved drugs/Type A Articles?
- 5. Does the facility manufacture medicated feed for a non-approved species (i.e., extra-label use of a feed)?
- 6. Does the facility ever use formulations of feeds with a higher or lower drug level than for what is approved?

COMMENTS:

Other Activities performed by the facility:

**POST INSPECTION**

The observations and findings were reviewed with the person in charge. The following points were those agreed on by that person and the WSDA inspector.

INSPECTOR*(S) NAME <i>(Please print)</i>	INSPECTOR(S) SIGNATURE	DATE
NAME OF PERSON IN CHARGE <i>(Please print)</i>	SIGNATURE OF PERSON IN CHARGE	DATE